



# Incident Report

**Print Date/Time:** 02/02/2016 08:56  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00001361

**Incident Date/Time:** 1/22/2016 3:42:08 PM  
**Location:** SR 9 NE / MARKET PL  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 879-7176  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19S10	SS0013-Brooks

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BAQUI, KRISTI					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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01/22/2016 : 15:44:38 SP0386 Narrative: **\*\*WILL BE MOVING TO FRONTIER VET HOSPITAL ON DAVIES RD**

01/22/2016 : 15:44:36 SP0418 Narrative: **AA 19S10**

01/22/2016 : 15:44:22 SP0418 Narrative: **BDCST**

01/22/2016 : 15:43:18 SP0386 Narrative: **CC, NOW, NON-INJ, NON-BLCKING, ON NB SIDE, BLK RAM PU VS BLK NISSAN  
ALTIMA**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E508414**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	16-00001361
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	22	-	2016			1542	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR9	BLOCK NO. <input checked="" type="checkbox"/>	100
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	MARKET PL

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4252105967
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LAST NAME	TUCKER	FIRST NAME	NICHOLAS	MIDDLE INITIAL	J
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STREET NEW ADDRESS	11517 35TH AVE SE
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CITY	EVERETT	ST	WA	ZIP	982087708
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	TUCKENJ045DU	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	31	-	1996
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C65992E	STATE	WA	VIN#	3C63D3CL7CG8288910
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	DODG	MODEL	RAMPU	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. NICHOLAS TUCKER 9220 55TH AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	OMNI INS GROUP 579325
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258797176
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LAST NAME	BAQUI	FIRST NAME	CHRISTINE	MIDDLE INITIAL	E
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STREET NEW ADDRESS	11110 WAGNER RD
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CITY	SNOHOMISH	ST	WA	ZIP	982907228
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #	BAQUICE314DD	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03	-	04	-	1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AXL3343	STATE	WA	VIN#	1N4AL21E08N488498
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	NISS	MODEL	ALT4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CHRISTINE BAQUI 11110 WAGNER RD SNOHOMISH WA 98290

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FIRST NATIONAL H2069478
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. BROOKS	BADGE OR ID #	0013	AGENCY	WA0311900
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E508414**CASE # **16-00001361**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BAQUI PHILIP M</b>																
ADDRESS & PHONE # <b>11110 WAGNER RD SNOHOMISH WA 982907228 4258797176</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>07</b>	-	<b>08</b>	-	<b>1969</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Both units were Northbound on SR 9 approaching the intersection of Market Place and SR 9. Unit 2 stopped at the traffic light. Unit 1 was unable to get stopped in time as the driver was adjusting his audio system. Unit 1 struck Unit 2. No injuries reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. BROOKS**
**01-22-16 04:34 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**R. BROOKS 0013**
**1/22/2016 4:38:30 PM**

BADGE OR ID #

**0013**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**3:43 PM**

TIME POLICE ARRIVED

**3:44 PM**

REPORT NO. E508414

CASE # 16-00001361

DATE AND TIME  
OF COLLISION 01/22/16 15:42

